P10000051239

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SECRETARY OF STATE
ALLAHASSEE FIGRIA

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COVER LETTER

TO: Amendment Section Division of Corporations				
NAME OF CORPORATION: Barbara A. Ca	icchione Consulting, Inc. 🗒 🖫			
DOCUMENT NUMBER: P10000051239	w.c.			
The enclosed Articles of Amendment and fee are submitt	ed for filing.			
Please return all correspondence concerning this matter to	the following:			
,	•			
Barbara A. Cacchior				
	ame of Consulting Inc			
Barbara A. Cacchior				
Firm/ Company 1513 Sand Castle Road				
Address				
Sanibel, Florida 33957				
C	ity/ State and Zip Code			
bcacchione@comcast.n	net .			
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please cal	I:			
Barbara A. Cacchione <u>at (239</u>) 287-1428				
Name of Contact Person Area Code & Daytime Telephone Number				
Enclosed is a check for the following amount made payab	ole to the Florida Department of State:			
Certificate of Status (\$43.75 Filing Fee & Status Certified Copy Additional copy is enclosed) \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassec, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			

Articles of Amendment to Articles of Incorporation

Barbara A. Cacchione Consulting, Inc. (Name of Corporation as currently filed with the Florida Dept. of State) P10000051239 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following americal ment(s) its Articles of Incorporation: A. If amending name, enter the new name of the corporation: N/A The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co", A professional corporation name must contain the word "chartered." "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) N/A D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: N/A (Florida street address)		to Articles of Incor	poration	SEC	5	
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(Florida street address)		v registered office address:	s in Florida, enter the name	of the		
	Name of New Registered Agent	N/A				
			t address)			
New Registerea Office Address:, Florida	New Registered Office Address:	N/A	, Florida			
(City) (Zip Code)		(City)		(Zip Code)		
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position. Signature of New Registered Agent, if changing	I hereby accept the appointment as regist	ered agent. I am familiar wii		of the position.		

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith. SV as an Add.

Example: X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change			
Add Remove			
2) Change			
Add Remove			
3) Change			
Add			
4) Change			
Add Remove			
5) Change			
Add Remove			
6) Change			
Add			
Pamova			

4: -1 - 61	il sheets, if necessary). (Be specific)
ticle 3 - addii	ng the following language "interior decorating and for any contract
rvices rende	red".
If an amendmen	nt provides for an exchange, reclassification, or cancellation of issued shares, implementing the amendment if not contained in the amendment itself:
(if not appl	icable, indicate N/A)
/A	•

The date of each amendment(s) a date this document was signed.	adoption:	, if other than the
-		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ac by the shareholders was/were s	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	oproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):	
	st for the amendment(s) was/were sufficient for approval	
hy	(voting group)	
The amendment(s) was/were action was not required.	dopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were action was not required.	dopted by the incorporators without shareholder action and shareholder	
_{Dated} Januar	y 20, 2015	
Signature &	Sarbara a Cacchiera	_
select	director, president or other officer – if directors or officers have not been ted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)	
	Barbara A. Cacchione	
	(Typed or printed name of person signing)	_
	President	
	(Title of person signing)	